

meet. And often the pupil nurse submits to much more than she should and says nothing simply for fear of losing her diploma. While, on the other hand, the regular life of the hospital is most fascinating, and with so many different scenes is never monotonous. Very often after the graduate of such a hospital finishes her training she has the pleasure of sitting in her room while the undergraduates of her hospital are being sent to the patients that she should be getting, her hospital superintendent receiving fifteen dollars a week for each one he sends out. People are not eager to pay twenty-five dollars if they can get someone for fifteen dollars and be assured by their physician that she is quite as good!

The doctor who employs untrained nurses for his cases is also a great friend of himself, as his more frequent visits in consequence naturally mean more money to him.

Patients who are very ill and poor can always get in some hospital, the district nurse and "the hourly nurse" can respond to those who are convalescing, while for a number of cases the untrained nurse is quite sufficient; but for acute cases where patients can afford to be treated in their home, there is no one like a thoroughly competent graduate nurse. They act as a steady motor in the family and greatly lessen the nervous anxiety of the attending physician.

A MASSACHUSETTS GENERAL GRADUATE.

[Neither of these writers has suggested a practical remedy.—ED.]

---

DEAR EDITOR: The question of post-graduate work for nurses has indeed become a serious one.

As stated in the article on "Post-Graduate Study for Nurses," in the June number of the JOURNAL, there are a number of schools that give post-graduate work, but it is not, as a rule, what the older graduates need.

In the majority of instances, I believe, the graduate nurse enters the hospital and does the routine work with the pupil nurses, getting in that way what information she can in recent methods, etc., but giving the greater part of her time and strength to work that is perfectly familiar to her. I know one nurse who took a nine-months' post-graduate course in a New York hospital, who had three months of very hard general night duty, and who at the end of the course was completely broken down and ready for a three-months' rest.

I do not wish to be a grumbler nor to imply that nurses should shirk hard work when necessary, for it is the discipline largely essential to the making of a good nurse; but while some strong, robust women

might take these strenuous courses without detriment, there are many good nurses—graduates of from ten to fifteen years, perhaps—who have reached the point when they have to consider their own health and strength carefully, having often not only themselves but others to support, who feel the need of “brushing up,” but who simply cannot afford to give the strength necessary for such a course, especially as the result is often far from what is desired.

My field of work has been for a number of years in the towns of Georgia.

It is a good field,—always work—interesting work,—and the regular price always cheerfully paid a nurse. But there are no hospitals within reach, only in the larger cities, and almost no professional atmosphere for the nurse, and one becomes very “rusty.” The physician becomes rusty too, but he betakes himself to some Northern city, enters a hospital or hospitals, and there observes what he wishes to observe and returns refreshed and invigorated for his work.

Why should it not be possible for a nurse to do the same?

Why should she not be able to enter a hospital, see the new methods of work, attend lectures and classes, and have the benefit of the professional atmosphere, which she so much needs, without giving her time and strength to such work as the giving of baths, bed-making, etc.?

Would it be impracticable for graduates to enter the preparatory course at the Johns Hopkins, for instance? That course would be invaluable to many nurses, giving the systematic review of text-book work,—which in our irregular life is almost impossible,—the most recent and best practical methods of work, the inspiring and rejuvenating influences of the school life, and opportunities for observation and growth in many ways.

One must look at it from the point of view of the superintendent of the training-school, of course, but might it not be so arranged as not to interfere with the routine or add to the cares of the superintendent?

In the above-mentioned case, with a limited number of graduates, living outside of school and simply attending classes, why would it not be a possible arrangement?

I am sure that any graduate desiring this work would be willing to pay a fee for the privilege.

Would it not also be possible for graduate nurses to do systematic observation in the hospitals? It seems as if a sensible, dignified woman, who knows what the hospital work means, might make herself even less objectionable than a physician.

Of course, this applies more especially to nurses doing private

work away from the cities. It has been my experience that there is a very great need for post-graduate work.

It is very easy for a clever nurse in a good field where she has made her reputation just to go on indefinitely, unless professional pride prevents, when the opportunities open for post-graduate work are so unattractive.

I should be very glad to hear an expression of opinion on the subject through the JOURNAL.

V. V. H.

---

DEAR EDITOR: The midwife question in America as compared to other countries is not quite as simple a matter to us as may seem at first.

In Little Italy, on the upper East Side, the midwives "flourish as the green bay-tree," and consequently numbers of unnecessary deaths follow in their wake, and yet up to the present time in New York State there seems no way of stopping the practice, even of the most ignorant among them.

Called to a case in the district mentioned above a short time ago, the patient was found to be a young woman of eighteen who had given birth to twins six days previously. Three days after confinement septicaemia developed, but not until three more days had passed did the midwife in charge consent to a doctor being called. He at once curetted, and found that one placenta had been retained in the uterus. Close questioning of the midwife disclosed the fact of her entire ignorance of two placentas under the existing circumstances.

The case was reported to the Board of Health, and the reply was as follows:

"In answer to your favor of the 17th inst. I beg to inform you that there is no such thing as a licensed midwife in this city or State. Strange as it may appear, there is no law compelling a midwife to pass an examination or procure a license in order to follow out her calling. If you will furnish me with any information that shows malpractice on her part in any particular instance, I will be only too glad to try and bring her to justice."

Is not this a problem that we, as a body of nurses, might help solve?

ROSABELLE JACOBUS.

---

DEAR EDITOR: I have been reading with a great deal of interest the articles you publish in regard to the employment of untrained nurses by physicians. This is very much to be regretted, but do you not think that sometimes the trouble lies with nurses themselves?

I have been in private practice for a number of years and was